

# FEATURE

*A monthly features service on scientific, technical, and educational subjects pertinent to development.*

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## BRAIN DRAIN

by CARRIE MISHIMA

The cost to poor countries of educating doctors and nurses who emigrate to richer developed countries is high, and the money could be better spent on other forms of health personnel and health care.

A multi-national study by the World Health Organization (WHO) estimates that in the early 1970s, 140,000 physicians — about six percent of the world's total — were working outside their countries of origin or training.

India suffers the largest "brain drain" with an estimated 15,000 MDs abroad, equivalent to 13 percent of the country's total. It costs about US \$9600 to train a doctor in India. Thus the "15,000 physicians at present outside India represents a lost investment to India of US \$144 million," reports Physician and Nurse Migration: Analysis and Policy Implications, published by WHO in Geneva.

The Philippines is the second largest "donor" with 9500 MDs outside its borders, 68 percent of the country's total. The money spent educating migrant Filipino doctors amounts to a lost investment of US \$100 million, the study says, "over twice the annual health budget of the Philippines."

The Philippines leads as the largest donor of nurses with 13,500 — or 88 percent of its total — migrating abroad. An estimated 2400 leave yearly.

This phenomenon of migrating doctors and nurses began in the late 1960s. The study attributes the blame to both developing and developed countries who have made little or no attempt to match the number of medical school graduates they produce with the number they can afford to employ.

As a result, the developing countries turn out far more MDs than they can employ and the developed countries turn out an insufficient number, thereby providing openings for the migrant physicians.

"One may ask why countries produce physicians apparently without regard for the demand for their services," says the study.

In developing countries, which have low per capita incomes, most people cannot afford to pay for private doctors' care. Therefore their health budget would be more wisely spent training eight medical auxiliaries for the cost of one physician, it suggests.

Until countries attain what the study calls their "sustainable level" of medical personnel, the problem will not be solved by stiffer immigration laws or tougher standards of licencing.

The excessive number of doctors trained in the Third World has come hand-in-hand with an increased number of medical schools established there in the last 20 years. Between 1970 and 1975, 119 medical schools were set up in the developing countries, bringing their total number to 608, 82 more than in the developed world.

The country that attracted the most migrating medical personnel in the early 1970s was the USA with 77,000 doctors and 5200 nurses trained in foreign countries. In 1974, migrants accounted for 20 percent of all physicians practising in the USA. The next popular "recipients" were the United Kingdom, Canada, West Germany, Australia, and New Zealand.

The study recommends that countries plan for the numbers and categories of health personnel they train. Authorities in the developing world should also match their country's medical education and training programs to its priorities and not on western-based standards.

Training students up to international standards, besides neglecting their own country's special needs, is equal to granting an "international passport" to doctors and encourages migration.

Today, only one quarter of the world's physicians are in the developing world to care for two-thirds of the earth's population; while three-quarters are in the developed world, where only one-third of the population lives.

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